

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590,637

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		2				
13		1				
14		1				
15		1				
16	1					
17	1					
18		1				
19	1					
20	1					
21		2				
22	1					
23		1				
24		1				
25	1					
26		1				
27		1				
28	1					
29		1				
30		1				
31			1			
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40			1			
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49			1			
50				1		
TOTAL IND.	9	↓	6	↓		↓
TOTAL DEP.	23	←	30	←		←
TOTAL CLAIMS	32		36			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				1		
54				1		
55			1			
56				1		
57				1		
58				1		
59				1		
60				1		
61			1			
62				1		
63				1		
64			1			
65				1		
66				1		
67				1		
68				1		
69				1		
70				1		
71				1		
72				1		
73				1		
74				1		
75				1		
76				1		
77				1		
78				1		
79				1		
80				1		
81				1		
82				1		
83				1		
84				1		
85				1		
86				1		
87				1		
88				1		
89				1		
90				1		
91				1		
92				1		
93				1		
94				1		
95				1		
96				1		
97				1		
98				1		
99				1		
100				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						